**Goal 1: Improve safety outcomes for children during all phases of child welfare intervention.**

| Objective | Lead | Tasks | Target Date |
|---|---|---|---|
| 1.1: Implement an established safety model to include ongoing safety assessments through critical junctures of the case statewide by 2024. | Child Protection Branch | 1: Finalize a contract with selected vendor. | CY 2019 |
| | | 2: Project planning, project start-up, project kick-off meetings, pre-implementation data assessment, intake assessment customization, inter-rater reliability testing, intake assessment training curriculum development, automation, training, and implementation support. | CY 2020 |
| | | 3: Initial safety and risk assessment customization, inter-rater reliability testing, safety and risk assessment training curriculum development, automation, training, and implementation support. | CY 2021 |
| | | 4: Intake and initial safety and risk assessments implementation evaluation. | CY 2021 |
| | | 5: Ongoing safety and risk assessment customization, inter-rater reliability testing, ongoing safety and risk assessment training curriculum development, automation, training, and implementation support. | CY 2022 |
| | | 6: Ongoing safety and risk assessments implementation evaluation. | CY 2023 |

| Data Indicators | | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|---|
| Recurrence of maltreatment *Source: Kentucky CFSR 3 Data Profile* | **Actual** | | 14.9% (FY17-18) | | | | | |
| | **Target** | | | 13.72% | 12.54% | 11.36% | 10.18% | 9.0% |
| Item 3: Risk and safety assessment and management *Source: Third-Level Case Review State Rating Summary* | **Actual** | | 35.09% (07/10/2019) | | | | | |
| | **Target** | | | 40.07% | 45.05% | 50.04% | 55.08% | 60% |

**Goal 2: Ensure that appropriate services are available that expand the prevention continuum and are provided to meet the needs of families and children in Kentucky.**

| Objective | Lead | Tasks | Target Date |
|---|---|---|---|
| 2.1: Expand prevention services statewide 12% by 2024. | Prevention Branch | 1: Analyze Family First Prevention Services Act (FFPSA) provider readiness assessment, identify evidenced-based practices to submit in 5-year FFPSA Prevention Plan, identify where growth and capacity building is necessary. | CY 2019 |
| | | 2: Complete regional forums in each service region to collaborate with community partners and service providers regarding FFPSA implementation and Kentucky's service provision needs. | CY 2019 |
| | | 3: Select evidenced-based practices and submit those in the 5-year Prevention Plan. | CY 2019 |
| | | 4: Complete contract execution for an additional Family Preservation Program agency in Northern Kentucky. | CY 2019 |
| | | 5: Request additional funding for the Family Preservation Program when requesting agency budget for the next biennium. | CY 2019 |

| | | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|---|
| | | 6: Request funding to expand Kentucky's Title IV-E Waiver program, Kentucky Strengthening Ties and Empowering Parents (KSTEP), statewide when requesting agency budget for the next biennium. | | | | | CY 2019 | |
| **Data Indicators** | | | **2019 CFSP Submission** | **2020 CFSP Submission** | **2021 CFSP Submission** | **2022 CFSP Submission** | **2023 CFSP Submission** | **2024 CFSP Submission** |
| Total number of children in OOHC with active placements *Source: Statewide Foster Care Fact Sheet* | | **Actual** | 9,875 (06/02/2019) | | | | | |
| | | **Target** | | 9,776 | 9,677 | 9,578 | 9,479 | 9,380 |
| Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care *Source: Third-Level Case Review State Rating Summary* | | **Actual** | 50% (07/10/2019) | | | | | |
| | | **Target** | | 51% | 52% | 53% | 54% | 55% |
| Item 12: Needs and services of child, parents, and foster parents *Source: Third-Level Case Review State Rating Summary* | | **Actual** | 21.93% (07/10/2019) | | | | | |
| | | **Target** | | 23% | 24% | 25% | 26% | 27% |
| Statewide number of families served through contracted services *Source: In Home Services Database* | | **Actual** | 10,923 (2018) | | | | | |
| | | **Target** | | 11,086.85 (+1.5%) | 11,250.69 (+3%) | 11,578.38 (+6%) | 11,906.07 (+9%) | 12,233.76 (+12%) |
| **Objective** | **Lead** | **Tasks** | | | | | | **Target Date** |
| 2.2: Implement an alternative response process statewide by 2024. | Child Protection Branch & DPP Director's Office | 1: Leadership attendance at a conference regarding alternative response. | | | | | | CY 2019 |
| | | 2: Project planning and data assessment. | | | | | | CY 2020 |
| | | 3: Refine acceptance criteria and identify referral tracks. | | | | | | CY 2020 |
| | | 4: Development of alternative response process. | | | | | | CY 2020 |
| | | 5: Development and implementation of training for alternative response process. | | | | | | CY 2021 |
| | | 6: Incorporate policy revisions. | | | | | | CY 2021 |
| | | 7: Implementation of the alternative response process statewide. | | | | | | CY 2022 |
| | | 8: Analyze data regarding repeat maltreatment, subsequent entries into out-of-home care (OOHC), and family satisfaction. | | | | | | CY 2023-2024 |

| Data Indicators | | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|---|
| Statewide number of past due investigations<br>*Source: DSR past due report* | | **Actual** | 7,947 (last week of 2018) | | | | | |
| | | **Target** | | 7,868 | 7,789 | 7,710 | 7,631 | 7,552 |

| Objective | Lead | Tasks | | | | | | Target Date |
|---|---|---|---|---|---|---|---|---|
| 2.3: Expand Parent Engagement Meetings (PEMs) to one additional county, evaluate program outcomes, and identify additional funding opportunities for further expansion by 2024. | Prevention Branch | 1: Implement PEMs in Daviess County for the entirety of the 2019-2020 school year. | | | | | | CY 2020 |
| | | 2: Evaluate program outcomes (number of meetings held, number of children served, percentage of families diverted from being referred for child welfare intervention). | | | | | | CY 2021 |
| | | 3: Identify and secure additional funding opportunities for further expansion. | | | | | | CY 2022 |

| Data Indicators | | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|---|
| Number of PEMs completed statewide<br>*Source: Gentrack* | | **Actual** | 248 (2016-17 school year) | | | | | |
| | | **Target** | | 298 | 348 | 398 | 448 | 498 |

**Goal 3: Increase the timeliness to appropriate permanency for all children in OOHC.**

| Objective | Lead | Tasks | Target Date |
|---|---|---|---|
| 3.1: By 2024, ensure that 95% of children | Clinical Services Branch | **Screening** | |
| | | 1: Development of a series of training videos to assist DCBS staff in the completion of screeners and integration into case planning. | CY 2020 |

| | | |
|---|---|---|
| entering care receive a behavioral health screener and that 75% of those that screen in for assessment receive a comprehensive behavioral health assessment. | 2: Ongoing training of regional liaisons to assist in tracking completion of screeners. | CY 2022 |
| | 3: Ongoing technical assistance for DCBS staff from the clinical consultant, specialist, and SRCAs. | CY 2022 |
| | **Assessments** | |
| | 1: Development of training videos to assist clinicians in the completion of the Child and Adolescent Strengths and Needs (CANS) assessment, as well as technical assistance. | CY 2020 |
| | 2: The clinical consultant will provide ongoing, monthly CANS trainings for providers in central locations (Louisville, Richmond, and Bowling Green). | CY 2022 |
| | 3: Monthly webinars hosted by the clinical consultant and AMS staff to assist in the completion and integration of CANS Assessments; development of a learning collaborative to share resources and build clinical skills statewide with clinicians providing the CANS assessments. | CY 2022 |
| | 4: Ongoing training of SRCAs to support understanding of CANS assessments and integration into case planning. | CY 2022 |
| | 5: Ongoing technical assistance for providers by the clinical consultant and AMS staff. | CY 2023 |

| Data Indicators | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|
| Placement stability *Source: Kentucky CFSR 3 Data Profile* | **Actual** | 4.67 (18A18B) | | | | | |
| | **Target** | | 4.57 | 4.47 | 4.37 | 4.27 | 4.17 |
| Percent of children in care for at least 24 months with 2 or fewer placement settings *Source: Federal DIG C4.3* | **Actual** | 41.8% (01/2019) | | | | | |
| | **Target** | | 42% | 42.2% | 42.4% | 42.6% | 42.8% |
| Percent of children entering care who received a behavioral health screener *Source: TWS-M366S* | **Actual** | 90% | | | | | |
| | **Target** | | 91% | 92% | 93% | 94% | 95% |
| Of those children screened in for assessment, percent of children who received a comprehensive behavioral health assessment *Source: TWS-M366S* | **Actual** | 47.61% | | | | | |
| | **Target** | | 48.41% | 49.21% | 50% | 63% | 75% |

| Objective | Lead | Tasks | Target Date |
|---|---|---|---|
| 3.2: Decrease the number of children five and under that have been in care for 12-23 months who do not achieve permanency within 12 months by 2024. | Adoption Services Branch & OOHC Branch | 1: Provide data to regional staff on a monthly basis regarding the population of children who have been in care 12-23 months and have not yet achieved permanency.  Develop a regional continuous quality improvement (CQI) group for the review of data and development of targeted strategies that will be monitored and supported by central office. | CY 2019 |
| | | 2: Submit and finalize communication plans.  Develop standing agenda layout for DCBS point of contacts to use during meetings with points of contract from the Administrative Office of the Courts (AOC) and the Office of Legal Services (OLS).  Send communication to AOC and OLS prior to implementation of quarterly meetings. | CY 2019 |
| | | 3: Share permanency data with AOC and OLS and begin quarterly meetings.  Develop and implement strategies for addressing identified barriers. | CY 2019 |
| | | 4: Communicate local and regional progress and outcomes with local and regional AOC and OLS points of contact on a quarterly basis.  Central office staff will communicate statewide progress and outcomes with statewide AOC and OLS points of contact on a quarterly basis. | CY 2019 |

| Data Indicators | | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|---|
| Percentage of children age 5 and under who have been in care 12-23 months who did not achieve permanency within 12 months *Source: P2 Permanency in 12 Months for Youth in Care 12-23 Months v2.0, date 04/25/2018* | | **Actual** | 47.6% | | | | | |
| | | **Target** | | 46.6% | 45.6% | 44.6% (-3%) | 43.1% | 41.6% (-6%) |

| Objective | Lead | Tasks | Target Date |
|---|---|---|---|
| 3.3: By 2024, decrease the number of youth exiting care at age 18 or older without having achieved permanency. | Adoption Services Branch & OOHC Branch | 1: Utilizing data provided by CQI specialists, increase the focus on the target population of youth who have been in OOHC for greater than 12 months at the age of 16. | CY 2019 |
| | | 2: Include youth and/or young adults in diligent recruitment committees and the CQI process. | CY 2019 |
| | | 3: Review each regional diligent recruitment plan every six months and provide technical assistance with the emphasis on child-specific and targeted recruitment for transition age youth. | CY 2019 |
| | | 4: Evaluate permanency measures and outcomes. | CY 2019 |

| Data Indicators | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|
| Number of youth exiting care at age 18<br>*Source: TWS-M050* | **Actual** | 612 (2018 exits) | | | | | |
| | **Target** | ▨ | 604 | 596 | 588 | 582 | 576 |

| Goal 4: Implement supports to stabilize the workforce to decrease caseloads. | | | | | | | |
|---|---|---|---|---|---|---|---|

| Objective | Lead | Tasks | | | | | Target Date |
|---|---|---|---|---|---|---|---|
| 4.1: Decrease the percentage of frontline staff exiting and increase the number of staff entering the workforce by 2024. | DCBS Commissioner's Office | 1: Internal and external communication and/or training regarding Culture of Safety, development of System Safety Review (SSR) process for child fatalities and near fatalities, procedures manual and policy updates, implementation. | | | | | CY 2019 |
| | | 2: Define job duties/tasks and responsibilities for Field Training Specialist (FTS) position, development of criteria and process for the identification and selection of FTSs. | | | | | CY 2020 |
| | | 3: Identify high performing frontline workers and those to be performing the roles and responsibilities of the FTSs and conduct DACUM occupational analysis (validation) to confirm current duties, tasks, knowledge and skills needed to successfully perform the work; conduct focus groups with subject matter experts (e.g., high performing employees, supervisors, regional administrators, central office staff, university partners, community partners) to revise the Behavioral Anchor Tools for use in evaluating and coaching new DPP employees. | | | | | CY 2021 |
| | | 4: Develop FTS Program Framework consisting of activities and interactions (tied to Behavioral Anchors) for the new employees to complete with guidance and feedback from FTSs. | | | | | CY 2022 |
| | | 5: Design an evaluation plan to assess effectiveness of FTS program, develop online system (web portal) to capture Behavioral Anchor Tool usage in the field. | | | | | CY 2023 |
| | | 6: Design, develop, deliver and evaluate initial training program for FTSs—including instruction on use of behavioral anchors, provide training and support (via development and maintenance of web-based portal) for the FTSs. | | | | | CY 2024 |

| Data Indicators | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|
| Percentage of frontline staff entering the workforce<br>*Source: DSR Turnover Report* | **Actual** | 44.97% (SSWI entries in 2018) | | | | | |
| | **Target** | ▨ | 44.97% | 45.97% | 46.97% | 47.97% | 48.97% |
| Percentage of frontline staff exiting the workforce<br>Source: *DSR Turnover Report* | **Actual** | 43.14% (SSWI exits in 2018) | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Target** | | 43.14% | 42.64% | 42.14% | 41.64% | 41.14% |

## Goal 5: Improve the department's CQI system.

| Objective | Lead | Tasks | | | | | Target Date |
|---|---|---|---|---|---|---|---|
| 5.1: Increase the number and quality of CQI stakeholder meetings statewide by 5% by 2024. | Quality Assurance Branch & Field Quality Branch | 1: Modify or identify an information tracking system that can be used to document the quantity and quality of stakeholder meetings. | | | | | CY 2020 |
| | | 2: Incorporate stakeholder meetings and use of tracking system into the rebranding and restructuring of DPP's CQI process. | | | | | CY 2020 |
| | | 3: Develop and incorporate system training into initial and ongoing training for CQI specialists. | | | | | CY 2021 |
| | | 5: Implement the utilization of the information tracking system for CQI stakeholder meetings. | | | | | CY 2021 |
| | | 6: Assess baseline data to determine current functioning of CQI stakeholder meetings. Develop and implement strategies to increase the quantity and quality of meetings. | | | | | CY 2022 |
| | | 6: Evaluate the effectiveness of strategies during CQI specialist monthly meetings. | | | | | CY 2023 |

| Data Indicators | | | 2019 CFSP Submission | 2020 CFSP Submission | 2021 CFSP Submission | 2022 CFSP Submission | 2023 CFSP Submission | 2024 CFSP Submission |
|---|---|---|---|---|---|---|---|---|
| Number of CQI stakeholder meetings<br>*Source: TBD, see narrative* | | **Actual** | | | | Baseline: | | |
| | | **Target** | | | | | +3% | +5% |
| Quality of CQI stakeholder meetings<br>*Source: TBD, see narrative* | | **Actual** | | | | Baseline: | | |
| | | **Target** | | | | | +3% | +5% |

| Objective | Lead | Tasks | Target Date |
|---|---|---|---|
| 5.2: Implement a formalized CQI training process statewide by 2024. | Quality Assurance Branch & Field Quality Branch | 1: Complete a Developing a Curriculum (DACUM) process for CQI specialists. | CY 2019 |
| | | 2: Develop a formalized initial and ongoing training for CQI specialists. | CY 2020 |
| | | 3: Implement a formalized initial and ongoing training for CQI specialists. | CY 2021 |
| | | 4: Develop training for second-level case reviewers. | CY 2022 |
| | | 5: Implement a training for second-level case reviewers. | CY 2023 |

| Data Indicators | | |
|---|---|---|
| Comparison of pre-test and post-test scores for CQI specialists initial training<br>*Source: TBD* | **Pre-Test Average** | |
| | **Post-Test Average** | |
| | **Knowledge Gain Average** | |

| | | 2019 CFSP Submission | | 2020 CFSP Submission | | 2021 CFSP Submission | | 2022 CFSP Submission | | 2023 CFSP Submission | | 2024 CFSP Submission | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Comparison of statewide outcome scores from second-level case reviews and third-level case reviews<br><br>*Source: Casework Quality DIG, Third-Level Case Review State Rating Summary*<br><br>2 = Second-level case review<br>3 = Third-level case review<br>DA = Difference actual<br>DT = Difference target | **Safety Outcome 2** | **2** | 88.3% (03/2018) | **2** | | **2** | | **2** | | **2** | | **2** | |
| | | **3** | 47.22% (baseline) | **3** | | **3** | | **3** | | **3** | | **3** | |
| | | **DA** | 41.08% | **DA**<br>**DT** | 35% | **DA**<br>**DT** | 30% | **DA**<br>**DT** | 25% | **DA**<br>**DT** | 20% | **DA**<br>**DT** | 10% |
| | **Permanency Outcome 1** | **2** | 84.1% (03/2018) | **2** | | **2** | | **2** | | **2** | | **2** | |
| | | **3** | 30.56% (baseline) | **3** | | **3** | | **3** | | **3** | | **3** | |
| | | **DA** | 53.54% | **DA**<br>**DT** | 50% | **DA**<br>**DT** | 40% | **DA**<br>**DT** | 30% | **DA**<br>**DT** | 20% | **DA**<br>**DT** | 10% |
| | **Permanency Outcome 2** | **2** | 91.6% (03/2018) | **2** | | **2** | | **2** | | **2** | | **2** | |
| | | **3** | 54.17% (baseline) | **3** | | **3** | | **3** | | **3** | | **3** | |
| | | **DA** | 37.43% | **DA**<br>**DT** | 30% | **DA**<br>**DT** | 25% | **DA**<br>**DT** | 20% | **DA**<br>**DT** | 15% | **DA**<br>**DT** | 10% |
| | **Well-Being Outcome 1** | **2** | 65.6% (03/2018) | **2** | | **2** | | **2** | | **2** | | **2** | |
| | | **3** | 32.22% (baseline) | **3** | | **3** | | **3** | | **3** | | **3** | |
| | | **DA** | 33.38% | **DA**<br>**DT** | 30% | **DA**<br>**DT** | 25% | **DA**<br>**DT** | 20% | **DA**<br>**DT** | 15% | **DA**<br>**DT** | 10% |
| | **Well-Being Outcome 2** | **2** | 92.3% (03/2018) | **2** | | **2** | | **2** | | **2** | | **2** | |
| | | **3** | 79.22% (baseline) | **3** | | **3** | | **3** | | **3** | | **3** | |
| | | **DA** | 13.08% | **DA**<br>**DT** | 12% | **DA**<br>**DT** | 11% | **DA**<br>**DT** | 10% | **DA**<br>**DT** | 9% | **DA**<br>**DT** | 8% |
| | **Well-Being Outcome 3** | **2** | 95.9% (03/2018) | **2** | | **2** | | **2** | | **2** | | **2** | |

| | | 3 | 70.5% (baseline) | 3 | | 3 | | 3 | | 3 | | 3 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | DA | 25.4% | DA DT | 22% | DA DT | 19% | DA DT | 16% | DA DT | 13% | DA DT | 10% |